



BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

Insert Title:

P.O. Box 747 - Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: WIRELESS COMMUNICATIONS SYSTEM

the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set Fill in Appropriate forth above and/or the following: The specification was filed on _ Information -United States Application Number _ For Use Without (if applicable) and/or and amended on Specification the specification was filed on November 19,2003 Attached: International Application Number PCT/JP2003/014723 _; and was (if applicable) amended on ___ I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal

Regulations, §1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention ar he gal for บ่ร

•	year prior to this applicate of this applicate date of this applicate representative or asseption patent or inventor's capplication by me or I hereby claim for inventor's certificate a filing date before the prior to this applicate application to this application to the prior to this application to the prior to this application to the prior to the pri	plication, that the invertion, that the invertion in any countigns more than to certificate on this my legal representate listed below an lat of the applicati	ny printed publication in same was not in publication has not been patent try foreign to the United welve months (six month invention has been filed attained or assigns, except the fits under Title 35, United have also identified belon on which priority is clean.	use or on sale in ed or made the sed States of Am is for designs) printing for as follows. ited States Code, ow any foreign a	subject of an inventor's erica on an application or to this application or eight to the United S. \$119(a)-(d) of any for	s certificate issued in filed by me and that no a states of America reign application	ed before the or my legal pplication for a prior to this n(s) for patent ificate having			
Insert Priority	Prior Foreign App	псапои(г)				_				
Information: (if appropriate)	(Number)	(Country)	.	(Month/Day	/Year Filed)	L Yes	⊡ r No			
	(Number)	(Country)		(Month/Day	/Year Filed)	Yes	□ No			
					<u> </u>	Yes	□ No			
	(Number)	(Country)		(Month/Day	/ Tear Fued}	<u></u> /				
	(Number)	(Country)		(Month/Day	/Year Filed)	☐ Yes	□ No			
	I hereby claim the be	nefit under Title 3	5, United States Code, §1	19(e) of any Unit	ed States provisional a	pplications(s) lis	sted below.			
Insert Provisional Application(s): (if any)	(Application Number) (Filing				ate)	<u>-</u>				
	(Application Number)			(Filing Date)						
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:									
	Country		Application Number		Date of Filing (Month/Day/Year)					
Insert Requested Information: (if appropriate)							<u> </u>			
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.									
Insert Prior U.S. Application(s): (if any)	(Application Numbe	r)	(Filing Date)		(Status - patented, pe	nding, abandon	ed)			
Page 1 of 2 (Rev. 05/2004)	(Application Numbe	r)	(Filing Date)		(Status - patented, pe	nding, abandon	ed)			

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

•								
Full Name of First or Sole Inventor: Insert Name of	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
Full Name of First or Sole Inventor: Insert Name of Inventor Inventor Insert Date This Document is Stynod	MASUGI INOUB	masur mos		May 80, 2006				
Insert Residence Insert Citizenthip →	Residence (City, State & Country)		CITIZENSHI	P				
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Fall Name of Sixth Inventor, if any; see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
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	MAILING ADDRESS (Complete Street Address i	ncluding City, State & Country)						

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*DATE OF SIGNATURE